

South Carolina Department of Social Services
ABC Child Care Voucher System
SELF-ARRANGED CHILD CARE PARENT CERTIFICATION

The Self-Arranged Child Care Certification is required for approval of your caregiver in the ABC Child Care Voucher System. Both you and the caregiver must sign this form and date it. You must fill in all blanks. This form acts as a certification of services between you and your caregiver. (* The starred items are required for approval of your caregiver.)

Parent Name:	Parent Social Security Number:
*Caregiver Name:	Caregiver Social Security Number:
*Caregiver Address: (list the physical address of the caregiver's residence)	
Caregiver Mailing Address: (list the caregiver's mailing address)	
*Is the caregiver 21 years old or older?	*Will the caregiver allow the parents to see the child(ren) at any time while they are in care?

Names and ages of my children needing a caregiver.

Child's Full Name	Age of Child	Child's Birth Date

* My child(ren) are age appropriately immunized based on the attached "Recommended Childhood Immunization Schedule." ☐ Yes ☐ No Please review carefully.

My child will receive care: (check one)

- ☐ In the home of the child ☐ In a friend's home
☐ In a neighbor's home ☐ In a family member's home
☐ Other (explain) _____

List below the total number of children who will be in the home.

Caregiver's Children:	Caregiver's Family Member's Children:
Other Children:	Total Number of All Children:

Is there at least one adult per six children? ☐ Yes ☐ No

Caregiver is related to my child(ren). ☐ Yes ☐ No

Check One: ☐ Parent ☐ Grandparent ☐ Great-grandparent ☐ Uncle ☐ Aunt
☐ Sibling by marriage, blood, court decree of adoption who lives outside the home of the child.

Other: (How is child related?) _____

There will be other adults or teenagers present in the home. ☐ Yes ☐ No

If yes, explain: _____

The house in which my child will receive care:

Yes

No

is clean.		
is danger free.		
has enough exits in case of fire.		
has safe vented heater/fireplaces.		
* has smoke detector and fire extinguishers.		
has a way to keep food from spoiling.		
has a safety plan to follow if there is danger.		
has running water from an approved water supply (public water or Health Department must OK well).		
has clean bathrooms.		
has equipment, toys and supplies in good shape.		
has safety cap on electrical outlets.		
has enough heat, light and air.		
has a first aid kit.		
has strong screens or bars on windows above the first floor.		
has a safe place to play outdoors with no litter.		
has a bed or mat for every child.		

The caregiver will provide the following:

Breakfast	<input type="checkbox"/> Yes <input type="checkbox"/> No	Morning Snack	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lunch	<input type="checkbox"/> Yes <input type="checkbox"/> No	Afternoon Snack	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dinner	<input type="checkbox"/> Yes <input type="checkbox"/> No	Evening Snack	<input type="checkbox"/> Yes <input type="checkbox"/> No
Indoor Activities	<input type="checkbox"/> Yes <input type="checkbox"/> No	Outdoor Activities	<input type="checkbox"/> Yes <input type="checkbox"/> No
Toys	<input type="checkbox"/> Yes <input type="checkbox"/> No	Games	<input type="checkbox"/> Yes <input type="checkbox"/> No
Play Things	<input type="checkbox"/> Yes <input type="checkbox"/> No	** Crib	<input type="checkbox"/> Yes <input type="checkbox"/> No
** Crib slats no more than 2 3/8 inches apart for children under 2 years old.			

My caregiver and I agree:

about child rearing.

☐ Yes ☐ No

about how to reward and punish my child.

☐ Yes ☐ No

Comments: _____

My caregiver knows not to deprive my child of food, naps or the bathroom. ☐ Yes ☐ No

My caregiver:

knows how to reach me in an emergency.

☐ Yes ☐ No

has access to a car in an emergency.

☐ Yes ☐ No

has the name of my child's doctor in an emergency.

☐ Yes ☐ No

Days and hours I need child care:

Monday Begin: _____ End: _____

Tuesday Begin: _____ End: _____

Wednesday Begin: _____ End: _____

Thursday Begin: _____ End: _____

Friday Begin: _____ End: _____

Saturday Begin: _____ End: _____

Sunday Begin: _____ End: _____

Parent/Guardian's Signature: _____ Date: _____

Caregiver's Signature: _____ Date: _____

For Agency Use Only:

Remarks or Further Follow-up Needed: _____

APPROVAL: ☐ Yes ☐ No Submitted by: _____